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Southern California Edison
California Alternate Rates for Energy
P O BOX 6400
Rancho Cucamonga CA 91729-9824



An EDISON INTERNATIONAL Company

California Alternate Rates for Energy (CARE) provides a 20% discount off your electric bill for your **permanent primary residence**, if you meet the qualifications and income guidelines. To apply for this

discount, please complete and mail this application. You will receive the discount beginning on the next bill after your completed, signed application is received and approved by Edison.

20%

Tear off.



Maximum Household Income (Ingreso Maximo en el Hogar) Effective as of June 1, 2002

Number of Persons in Household	Total Combined Annual Income
1-2	\$22,600
3	26,600
4	32,000

Add \$5,400 for each additional person.

CARE APPLICATION

Entire application must be completed and signed. Application effective as of June 1, 2002.

I certify:

- The Edison bill is in my name.
- I am not claimed on another person's income tax return.
- I will renew my application when requested by Edison.
- For CARE, the definition of "gross (before taxes) household income" is all money and noncash benefits, available for living expenses, from all sources, both taxable and nontaxable, before deductions, including expenses, for all people who live in my home. This includes, but is not limited to, the following:

Please check (✓) ALL sources of your income.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Wages or salaries | <input type="checkbox"/> Rental or royalty income | <input type="checkbox"/> Disability payments | <input type="checkbox"/> TANF (AFDC) |
| <input type="checkbox"/> Interest or dividends from: | <input type="checkbox"/> Scholarships, grants, or other aid used for living expenses | <input type="checkbox"/> Workers' compensation | <input type="checkbox"/> Food stamps |
| savings accounts, stocks or bonds, or retirement accounts | <input type="checkbox"/> Profit from self-employment (IRS Form 1040, Schedule C, line 29) | <input type="checkbox"/> Social Security, SSI, SSP | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Unemployment benefits | | <input type="checkbox"/> Pensions | <input type="checkbox"/> Cash |
| | | <input type="checkbox"/> Insurance settlements | <input type="checkbox"/> Other income |
| | | <input type="checkbox"/> Legal settlements | <input type="checkbox"/> Spousal support |

PLEASE PRINT CLEARLY (Favor de Imprimir con Claridad)

Your Name, as shown on Edison bill (Su Nombre)

Your Home Address (Su Domicilio)

City (Ciudad)

ZIP (Codigo Postal)

Home Telephone (Teléfono particular)

Work Telephone (Teléfono de su trabajo)

Edison Service Account No.
(No. de Cuenta de Servicio de Edison)

Your Gas Company Account No.
(No. de Cuenta de Servicio de su Compañía de Gas)

Adults (Adultos) Children (Niños) Total

Number of persons in my household (Nº de personas en el hogar):

+ =

Total combined annual household income (Ingresos totales al año):
See income limits above.

\$

I state that the information I have provided in this application is true and correct. I agree to provide proof of income, if asked. I agree to inform Southern California Edison if I no longer qualify to receive the discount. I understand that if I receive the discount without meeting the qualifications for it, I may be required to pay back the discount I received. I understand that Southern California Edison can share my information with other utilities or their agents to enroll me in their assistance programs.